

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001-2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: ISABELA CITY HALL

PHA Number: RQ 066

PHA Fiscal Year Beginning: (07/2001)

PHA Plan Contact Information:

Name: Doris Mercado Ruiz

Phone: 1 (787) 872-2100 EXT. 219

TDD:

Email (if available): edna1aprtc.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- ☒ Other (list below) PHA LOCAL OFFICES

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- ☒ Other (list below) PHA LOCAL OFFICES

PHA Programs Administered:

Section 8 Only

ANNUAL PHA PLAN

Fiscal Year 20

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **separate** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No changes were made to the original Five Year Plan Consolidated Plan

ENCLOSED IN EXHIBIT 1

2. Capital Improvement Needs N/A

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition N/A

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)

1a. Development name: 1b. Development (project) number:

2. Activity type: Demolition

Disposition

3. Application status (select one)

Approved

Submitted, pending approval

Planned application

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

5. Number of units affected:

6. Coverage of action (select one)

Part of the development

Total development

7. Relocation resources (select all that apply)

Section 8 for units

Public housing for units

Preference for admission to other public housing or section 8

Other housing for units (describe below)

8. Timeline for activity:

a. Actual or projected start date of activity:

b. Actual or projected start date of relocation activities:

c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)] N/A

- A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan N/A

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- . Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes (No): Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)N/A
 The PHA changed portions of the PHA Plan in response to comments
 A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment ____.
 Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

 Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
 COMMONWEALTH OF PUERTO RICO
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - X Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 Other: (list below)

. PHA Requests for support from the Consolidated Plan Agency

Yes (No): Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

ALL RECOMENDATIONS WILL BE FOLLOWED AS STATED BY
THE CONSOLIDATED PLANS AGENCIES.

C. Criteria for Substantial Deviation and Significant Amendments

N/A

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: N/A

B. Significant Amendment or Modification to the Annual Plan: N/A

Required Attachment B: Resident Member on the PHA Governing Board

1. Yes (No): Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

X The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review

Applicable & On Display Supporting Document Related Plan Component

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <p>X PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations</p> | <p>5 Year and Annual Plans</p> |
| <p>X State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)</p> | <p>5 Year and Annual Plans</p> |
| <p>X Fair Housing Documentation Supporting Fair Housing Certifications:
Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.</p> | <p>5 Year and Annual Plans</p> |
| <p>X Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction</p> | <p>Annual Plan: Housing Needs</p> |
| <p>Most recent board-approved operating budget for the public housing program</p> | <p>Annual Plan: Financial Resources</p> |
| <p>Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]</p> | <p>Annual Plan: Eligibility, Selection, and Admissions Policies</p> |
| <p>Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy</p> | <p>Annual Plan: Eligibility, Selection, and Admissions Policies</p> |
| <p>X Section 8 Administrative Plan</p> | <p>Annual Plan: Eligibility, Selection, and Admissions Policies</p> |
| <p>Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy</p> | <p>Annual Plan: Rent Determination</p> |
| <p>Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy</p> | <p>Annual Plan: Rent Determination</p> |
| <p>X Section 8 rent determination (payment standard) policies</p> | <p>X check here if included in Section 8 Administrative Plan Annual Plan: Rent Determination</p> |
| <p>Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)</p> | <p>Annual Plan: Operations</p> |
| | <p>And Maintenance</p> |

Results of latest binding Public Housing Assessment System (PHAS) Assessment Annual Plan:
Management and Operations

Follow up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) Annual Plan:
Operations and Maintenance
and Community Service & Self-Sufficiency

X Results of latest Section 8 Management Assessment System (SEMAP) Annual Plan:
Management and Operations

Any required policies governing any Section 8 special housing types check here if included in
Section 8 Administrative Plan Annual Plan: Operations and
Maintenance

Public housing grievance procedures check here if included in the public housing A & O
Policy Annual Plan: Grievance Procedures

X Section 8 informal review and hearing procedures
check here if included in Section 8 Administrative Plan Annual Plan: Grievance Procedures

X The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD
52837) for any active grant year Annual Plan: Capital Needs

Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants
Annual Plan: Capital Needs

Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI
Revitalization Plans, or any other approved proposal for development of public housing
Annual Plan: Capital Needs

Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing
§504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 9952 (HA).
Annual Plan: Capital Needs

Approved or submitted applications for demolition and/or disposition of public housing
Annual Plan: Demolition and Disposition

Approved or submitted applications for designation of public housing (Designated Housing
Plans) Annual Plan: Designation of Public Housing

Approved or submitted assessments of reasonable revitalization of public housing and approved
or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD
Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing
Act of 1937 Annual Plan: Conversion of Public Housing

Approved or submitted public housing homeownership programs/plans
Annual Plan: Homeownership

Policies governing any Section 8 Homeownership program (section _____ of the Section 8
Administrative Plan) Annual Plan: Homeownership

X Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies

Annual Plan: Community Service & Self Sufficiency

X FSS Action Plan/s for public housing and/or Section 8 & Self-Sufficiency

Annual Plan: Community Service

Section 3 documentation required by 24 CFR Part 135, Subpart E Annual Plan: Community Service & Self-Sufficiency

X Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports

Annual Plan: Community Service & Self Sufficiency

The most recent Public Housing Drug Elimination Program (PHDEP) semiannual performance report

Annual Plan: Safety and Crime Prevention

PHDEP-related documentation:

Baseline law enforcement services for public housing developments assisted under the PHDEP plan;

Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);

Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;

Coordination with other law enforcement efforts;

Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and

All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.

Annual Plan: Safety and Crime Prevention

Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O

Pet Policy

X The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings

Annual Plan: Annual Audit

Troubled PHAs: MOA/Recovery Plan

Troubled PHAs

Other supporting documents (optional) (list individually; use as many lines as necessary) (specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary (N/A)

PHA Name: Grant Type and Number Capital Fund Program: Capital Fund Program
Replacement Housing Factor Grant No: Federal FY of Grant:

Original Annual Statement **Reserve for Disasters/**
Emergencies Revised Annual Statement (revision no:) Performance and Evaluation Report for
Period Ending: Final Performance and Evaluation Report

Line No. Summary by Development Account Total Estimated Cost Total Actual Cost

	Original	Revised Obligated	Expended
1	Total non-CFP Funds		
2	1406 Operations		
3	1408 Management Improvements		
4	1410 Administration		
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment Nonexpendable		
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)		
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Compliance		
23	Amount of line 20 Related to Security		
24	Amount of line 20 Related to Energy Conservation Measures		

Annual Statement/Performance and Evaluation Report Capital Fund
Program and Capital Fund Program Replacement Housing Factor
(CFP/CFPRHF) Part II: Supporting Pages **N/A**

PHA Name: **Grant Type and Number** Capital Fund Program #: Capital Fund Program
Replacement Housing Factor #: **Federal FY of Grant:**
Development Number General Description of Major Work Categories Dev. Acct No. Quantity
Total Estimated Cost Total Actual Cost Status of Proposed
Name/HA-Wide Activities Original Revised Funds Obligated Funds Expended
Work

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule N/A

PHA Name: **Grant Type and Number** Capital Fund Program #: Capital Fund Program Replacement Housing Factor #: **Federal FY of Grant:**
 Development Number Name/HA-Wide Activities All Fund Obligated (Quart Ending Date) All Funds Expended (Quarter Ending Date) Reasons for Revised Target Dates
 Original Revised Actual Original Revised Actual

Capital Fund Program 5-Year Action Plan N/A

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan Original statement Revised statement
Development Number Development Name (or indicate PHA wide)

Description of Needed Physical Improvements or Management Improvements Estimated Cost
Planned Start Date (HA Fiscal Year)

Total estimated cost over next 5 years

PHA Public Housing Drug Elimination Program Plan

N/A

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1**_____ **N2**_____ **R**_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site) Total # of Units within the PHDEP Target Area(s) Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months_____ **18 Months**_____ **24 Months**_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding Submission	PHDEP Funding Received Grant Extensions or Waivers	Grant # Grant Start Date	Fund Balance as of Date of this Grant Term End Date
FY 1995			
FY 1996			
FY 1997			
FY 1998			
FY 1999			

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary Original statement Revised statement dated:

Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

TOTAL PHDEP FUNDING

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise, not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement **Total PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators		

1.

- 2.
- 3.

9115 - Special Initiative Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators	

- 1.
- 2.
- 3.

9116 - Gun Buyback TA Match Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9120 - Security Personnel Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9130 ñ Employment of Investigators Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9140 ñ Voluntary Tenant Patrol Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9150 - Physical Improvements Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9160 - Drug Prevention Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9170 - Drug Intervention Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

9180 - Drug Treatment Total PHDEP Funding: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.

- 2.
- 3.

9190 - Other Program Costs

Total PHDEP Funds: \$

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	

- 1.
- 2.
- 3.

Required Attachment C: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

1. CARMEN M. LOPEZ
2. EDWIN V ELEZ
3. GLADYS E. NIEVES
4. MYRNA PEREZ

MUNICIPALITY OF ISABELA
RQ066
SECOND YEAR PH AGENCY PLAN FY 07/2001
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

SUBJECT: REQUIRED CORRECTIVE ACTIONS:

Enclosed are the following documents:

- A. Statement of Housing Needs
- B. Statement of Financial Resources is incomplete.
- C. Statement of the PHA's Rent Determinatin Policies.
- D. Statement of the PHA's Operation and Management.
- E. Statement of PHA's Grievance Procedures is missing.
- F. Statement of PHA's Self-Sufficiency Program is missing.
- G. Year Statement on Recent Results of PHA's Fiscal Year Audit.

A. STATEMENT OF HOUSING NEEDS (24 CFR PART 903.79 (A)

HOUSING NEEDS OF FAMILIES IN THE JURISDICTION BY FAMILY TYPE

FAMILY TYPE	OVERALL
Income less or equal 30% of AMI	1408
Income more than 30% but less or equal 50% of AMI	501
Income more than 50% but less than 80% of AMI	275
Elderly	232
Families with Disabilities	N/A
Race/Ethnicity	N/A

*Source of information: U.S. Census Data

Completion of Application, Determination or Eligibility and Selction of Families (24CFR, 982)

Families who have completed applications after all required documents have been received, evaluated and accepted by the HA, and are in the application poll are considered according to the data and time of the application.

Family: (24 CFR 812.1) a single or a group of persons living together, subject to the provisions and eligibility criteria established under the program (Family Composition 982.201 (c)]

The term includes, but is not limited to:

- A family with a child or children.
- A group or disabled persons living together, or one or more elderly or disabled persons living with one or more live-in aides.
- An elderly family (or single person) which includes a remaining member of a tenant family.

A disabled person.
A displaced person.
A single pregnant woman with no other family members.
Unmarried couples and other non-related persons living as a family.
A child who is temporarily away from the home because of placement in foster care is considered a member of this family.

Applicants who certify housing needs in one of the following categories are listed in order of priority within each category. Selection will be governed by Date and Time of application. Application forms must be signed. The process must comply with {24CFR, 982.208 (1) (9)} Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601-19/Fair Housing Act), Executive Order 11063 on Equal Opportunity in Housing; Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1975, and the Americans with Disabilities Act (42 U.S.C. 12101-12213). The preferences must be consistent with the HA Affirmative Fair Housing Objectives.

Federal Selection Preferences Section 882.219

Priority I : Families with three Federal Preferences
Priority II : Families with two Federal Preferences
Priority III: Families with one Federal Preference

B. STATEMENT OF FINANCIAL RESOURCES (24 CFR 903.7 (B))

According to our ACC and approved Budget (ABA) our Section 8 Program will be administering \$308,492 for 86 Vouchers. Of this amount, \$100,277 is projected funding that HUD will provide for the renewal of expiring increments. These will be the only federal funds available for the Section 8 Voucher Program.

The Municipality of Isabela provides non-federal resources, such as: office space, utilities (light, water), transportation for the HQS inspections, and employee hours for the Section 8 payments according to the federal and local accounting standards regulations.

Of our 86 families, approximately 45 families pay tenant rents.

We will continue receiving the Municipality's cooperation which will ensure the success of our Program.

C. STATEMENT OF THE PHA'S RENT DETERMINATION POLICIES

Initial Payment Standard - The schedule applies to all families at the outset of the Housing Voucher Program. The family size is based on the HA's occupancy standards. The initial Payment Standard Schedule is based on the Fair Market Rent Schedule or the HUD approved community-wide exemption rents in effect at the time of execution, by HUD, of the HA original ACC for the first increment of funding under the Housing Voucher Program.

Minimum Total Tenant Payment - The minimum amount of gross rent that an assistance family must pay toward rent. All our tenants will pay \$25.00 dollars minimum rent.

D. STATEMENT OF THE PHA'S OPERATION AND MANAGEMENT 24 CFR 903.7 (E) (2)

The Section 8 Office will have the major responsibility and authority in the implementation of the Section 8 Voucher and FSS Programs.

The duties and responsibilities of the Section 8 Office may be summarized as follows:

Overall responsibility for insuring compliance with federal regulations, coordinating the implementation of Tenant Policy, Affirmative Marketing Plan and for directing the day to day activities designed to meet program goals and objectives.

Housing Inspector - is responsible for insuring that housing units meet the Section 8 Housing Quality Standards.

Section 8 Accountant - maintains accounting books, records and reports in accordance with Municipal and HUD requirements; assures adequate funds for payments of the rental contracts.

FSS Program - will be operated in compliance with the approved Action Plan as described in Section 984.201 and will provide comprehensive supporting services as defined in Section 984.103.

The Section 8 Office has the following job descriptions for each technical and administrative staff to perform the work required by the Section 8 Housing Voucher Program.

A. Office of the Housing Department Director

1. Section 8 Program Director
2. Section 8 Program Coordinator
3. Section 8 Program Technicians

*A detailed description of the personnel's duties and responsibilities can be found in our Administrative Plan 2002, pages 3 - 9.

E. STATEMENT OF THE PHA'S GRIEVANCE PROCEDURES (24 CFR 903.7 (f))

The HA will process grievances in the following manner:

Upon determining that an applicant or participant is ineligible or has been filed a complaint by the landlord, neighbors, etc. the applicant or participant will be notified in writing, on the reason (s) for the ineligibility or complaint and their right to request an informal review for applicants, or informal hearing for participants.

Procedure:

When an informal review or hearing is requested by an applicant, voucher holder, or tenant, said informal review or hearing will be conducted by an employee of the HA or another public official who is not directly involved in the day-to-day administration of the program.

In addition:

The family may retain counsel/representative, if desired, as its own expense.

Either the family, or its counsel/representative, must also be given the opportunity to examine the evidence and question any adverse witness(es). The family, or its counsel/representative, must also be given the opportunity to present testimony and evidence in its favor. The decision of the official presiding over the hearing must be in writing, must be based solely on the evidence provided at the hearing, and must state the legal and evidentiary grounds for the decision.

F. STATEMENT OF PHA'S SELF-SUFFICIENCY PROGRAM (24 cfr 903.23 AND notice 2000-43)

We are administering 25 FSS Vouchers. We are promoting a better communication with other entities, such as: The Consortium AMARAIS, TANF, Department of Education, Social Services, etc.

Arrangements are being done to help our families find a better job and to better their academic, vocational and occupational skills that will enable them to expand their job opportunities. Our participants are encouraged to participate in courses that will help them achieve a High School Diploms, start of finish their college degree, and encourage them to participate in courses that will help them learn a new trade: electrician, plumber, carpentry, etc.

G. STATEMENT ON RECENT RESULTS OF PHA'S FISCAL YEAR AUDIT

Finding of prior years were corrected. According to our Single Audit Report for the year 2000 all findigs were cleared.